Texas Damage Reporting Form (TDRF) - Pipeline Operator

Incident Information
Date of Incident: __________________________
County: __________________________ City: __________________________
Subdivision/Other Location Name: __________________________
Street Number: ________ Street Name: __________________________
Nearest Intersection: __________________________
Format Type for Latitude and Longitude: ___________
‘Format Type’ choices are: Decimal, Degrees, NAD 83
Latitude: __________ Longitude: __________
Time of incident: [ ] hr [ ] mins [ ] AM/PM
Right of way where incident occurred: __________________________
‘ROW’ choices are: Public-City Street; Public-State Hwy; Public-County Road; Public-Interstate Hwy; Public-Other; Private Business; Private-Land Owner; Private-Easement; Pipeline; Power/Transmission Line; Dedicated Public Utility Easement; Federal Land; Railroad; Data not collected; Unknown/Other

Who is providing this information?
Type of Entity: __________________________
‘Type of Entity’ choices are: Electric; Engineer/Design; Equipment Manufacturer; Excavator; Gas Pipeline; Insurance; Locator; Liquid Pipeline; One Call Center; Private Water; Public Works; Railroad; Road Builders; State Regulator; Telecommunications; Unknown/Other; Home Owner
Name of person providing this information: __________________________

Excavator Contact Information
Company Name: __________________________
Mailing Address: __________________________
City: __________ State: ______
Zip5: ____ Zip4: ____
Contact Name: __________________________
Phone Number: __________________________ Fax: __________________________
Email Address: __________________________